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State of Wisconsin

Department of Health and Family Services

Wisconsin Partnership Program Provider Satisfaction Survey, March 2003

OFFICE OF STRATEGIC FINANCE

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The Wisconsin Partnership Program (WPP) provides long-term care and health services to the frail elderly and people with disabilities. The State of Wisconsin contracts with CHP, Community Health Partnership, in Eau Claire to provide services through WPP.

You have been identified as someone who provides primary care services to people enrolled in the Partnership Program. Please complete this brief survey to help us determine how well the Partnership Program is accomplishing its goals. Your identity and responses will remain confidential.

1. How many of your patients are members in the Partnership Program?

- ☐ None
- ☐ One to three
- ☐ Four to ten
- ☐ More than ten
- ☐ Don't know

If you checked "Don't know" and want information about Partnership, please write your name and telephone number in the "Comments" area. Thank you for participating in this survey.

2. Do you have the background information (e.g. medical history, special needs, and consumer preferences) from the Partnership team needed to provide services to Partnership members?

- ☐ I almost always have the information I need
- ☐ I usually have the information I need
- ☐ I sometimes have the information I need
- ☐ I rarely have the information I need

3. How satisfied are you with the contractual agreement between you and the Partnership Organization with regard to:

Appropriate reimbursement:

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Unsatisfied
- ☐ Very unsatisfied
- ☐ No opinion

Amount of paperwork:

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Unsatisfied
- ☐ Very unsatisfied
- ☐ No opinion

Amount of phone work:

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Unsatisfied
- ☐ Very unsatisfied
- ☐ No opinion

4. Does the involvement of the nurse practitioner in the Partnership Program's model of managed care promote better follow through of medical recommendations (e.g. filling and taking prescriptions correctly, obtaining recommended tests, coming to appointments)?
- ☐ Partnership members follow through with medical recommendations much more consistently than non-Partnership people
 - ☐ Partnership members follow through with medical recommendations more consistently than non-Partnership people
 - ☐ Partnership members follow through with medical recommendations about the same as people not in Partnership people
 - ☐ Partnership members follow through with medical recommendations less consistently than non-Partnership people
5. One of the key responsibilities of the nurse practitioner is to bridge the gap between medical and social services, and to be a liaison between the program and the participant's primary care physician. How would you describe your relationship with the NP?
- ☐ The relationship is very collaborative and I have confidence in the NP's care decisions.
 - ☐ The relationship is collaborative but I prefer to have more oversight on the NP's decisions.
 - ☐ The relationship is sometimes collaborative but I prefer to make all care decisions.
 - ☐ I prefer not working collaboratively with NPs.
6. Are you aware of and do you receive a copy of the member's Individualized Service Plan (ISP) as a planning tool for meeting member's needs?
- ☐ I have not seen an ISP
 - ☐ I routinely get a copy of the ISP but have **not** been involved in its development
 - ☐ I rarely get a copy of the ISP and have **not** been involved in its development
 - ☐ I routinely get a copy of the ISP and have been involved in its development
 - ☐ I rarely get a copy of the ISP but have been involved in its development
7. Check one of the following types of organizations that best matches your perception of the Partnership program:
- ☐ Managed Care Organization
 - ☐ Home Care Organization
 - ☐ Other _____

Comments about this survey or about the Partnership Program?

Thank you for completing this survey. **Please return this survey by April 15, 2003 in the self-addressed, postage-paid envelope.**

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